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Antiretroviral therapy (ART) with three agents or more protects children best against progression to AIDS, a study from Spain has discovered. In this first observational study “real life” performance mirrored that in clinical trials.

The researchers followed clinical progression to AIDS retrospectively in children infected with HIV at birth. The children were grouped by treatment: no treatment (58); treatment with one HIV-1 reverse transcriptase inhibitor (NRTI) (36); dual treatment with two NRTIs (31); or potent treatment with two NRTIs plus one or two HIV protease inhibitors (25). Another cohort—of 61 children aged >2 years—were grouped similarly (no treatment (13); one NRTI (16); dual treatment (15); or potent treatment (17)) and monitored quarterly for up to 18 months to determine the behaviour of major markers of progression—plasma viral load and proportions of CD4+ and CD8+ lymphocytes.

Potent ART and dual treatment protected best, with none and only two children respectively showing progression to AIDS after 30 months. In just three months potent ART produced a significant increase in mean percentage of CD4+ lymphocytes/year and decrease in mean log₁₀ viral load compared with baseline values. Overall, potent ART resulted in a mean difference of 8 units of percentage CD4+ lymphocytes/year and a mean difference of –0.65 log₁₀ viral load/year — significantly better than the other treatments. It also showed greatest protection in maintaining the favourable values for both markers.

Encouraging results, but, say the researchers, other effective treatments for reducing viral load and boosting CD4+ lymphocyte numbers are still needed.

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